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49276

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 029	Agency Case No. B5-053165	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1						
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 06/15/2015		TIME OF ACCIDENT 1440	STATE USE ONLY							
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1442	Amended							
B	74	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. N. 27th/Vine-Pear st.			PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	06/18/2015						
C	1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LATITUDE						
D	1	IF AT INTERSECTION		IF NOT AT INTERSECTION								
V1/M	08	NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING						
V2/M	01	MILES		N S E W	AND MILES	OF NEAREST CITY OR TOWN						
E	2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO						
F	1	DRIVER LICENSE NO. H13744552			STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE					
V1/N	1	DRIVER ADIB AYUBZAI			PHONE (402) 601-7797	LOCAL NO.						
V2/N	1	DRIVER ADDRESS 924 S. 23rd st, LINCOLN, NE 68510			CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	10/25/1995					
G	4	OWNER LAILOMA AYUBZAI			PHONE (402) 601-7797	LOCAL NO.						
H	2	OWNER ADDRESS 924 S. 23rd st, Lincoln, NE 68510			CITY, STATE, ZIP	CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.					
V1/O	1	LICENSE PLATE PA NO. ANEAL	YEAR 2003	MAKE Buick	MODEL Lesabre	BODY STYLE 4 door Sedan	COLOR blue	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 100				
V2/O	1	VEHICLE ID NO. (VIN) 1G4HP52K63U289758	TOWED TO			TOWED BY	INSURANCE COMPANY Geico	POLICY NO. 4387-01-20-83				
I	1	DRIVER LICENSE NO. H12537723			STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE					
V1/P	1	DRIVER MAHMOUD J AL-SHAHMANI			PHONE (402) 237-4091	LOCAL NO.						
V2/P	1	DRIVER ADDRESS 2900 N 1ST ST APT 3, LINCOLN, NE 68521			CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	07/01/1972					
J	01	OWNER HAPPY CAB #918			PHONE (402) 202-2222	LOCAL NO.						
V1/Q	4	LICENSE PLATE PA NO. THK172	YEAR 2007	MAKE Chevrolet	MODEL I/P	BODY STYLE 4 door Sedan	COLOR white	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 200				
V2/Q	4	VEHICLE ID NO. (VIN) 2G1WS58R379382831	TOWED TO			TOWED BY	INSURANCE COMPANY Patatransit Ins. Co.	POLICY NO. PG101614				
K	01	TOWED TO			TOWED BY			POLICY NO. PG101614				
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)		1	2	3	4	5	SEX M F	
VEH. #	NAME			ADDRESS			1	2	3	4	5	SEX M F
	LOCAL NO.			MEDICAL FACILITY NAME			EMS SERVICE NAME			EMS RUN REPORT NO.		
VEH. #	NAME			ADDRESS			1	2	3	4	5	SEX M F
	LOCAL NO.			MEDICAL FACILITY NAME			EMS SERVICE NAME			EMS RUN REPORT NO.		
VEH. #	NAME			ADDRESS			1	2	3	4	5	SEX M F
	LOCAL NO.			MEDICAL FACILITY NAME			EMS SERVICE NAME			EMS RUN REPORT NO.		

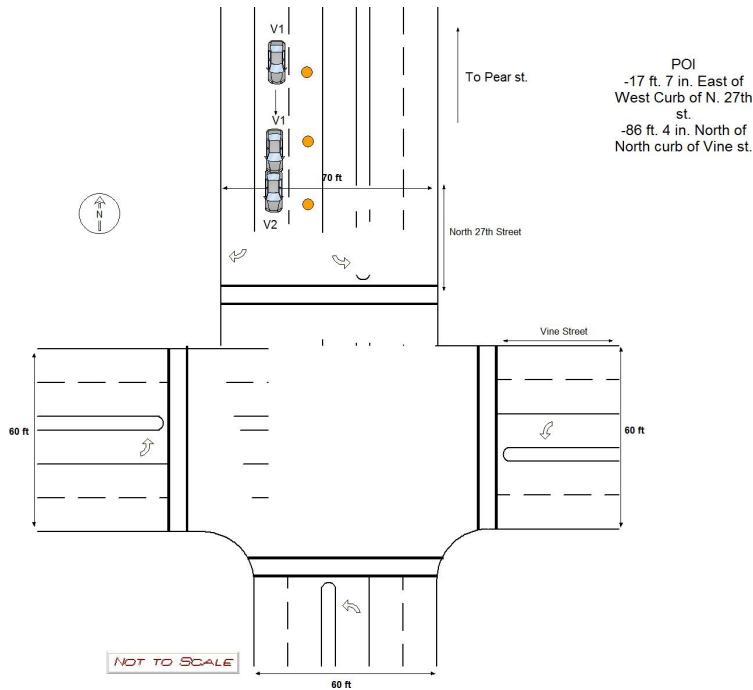
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-053165



Indicate
North
by Arrow



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Driver of vehicle #1 (D1) said he was SB on N. 27th/Vine-Pear st. in the middle lane at a speed of approx. 5-10 mph. D1 said he looked up and didn't realize vehicle #1, which was ahead of him in the same lane, had stopped. D1 said he was unable to stop in time and his vehicle struck vehicle #2 from behind. Driver of vehicle #2 (D2) said he was SB on N. 27th/Vine-Pear st. in the middle lane and stopped in the traffic lane due to vehicles ahead of him were stopped at the light at N. 27th/Vine street. D2 said while he was stopped his vehicle was hit from behind by vehicle #1.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS						
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 2		VEH 1	1	VEH 2	1	
1		X			N. 27th	POINT OF IMPACT	01	POINT OF IMPACT	05	1	2	3	4	Y		Y		
2		X			N. 27th	MOST DAMAGED AREA	01	MOST DAMAGED AREA	05	4	2	3	4	N	X	N	X	
1	01	06 Turning left				00 None	02	03	04	1	2	3	4	ALCOHOL/ DRUGS SUSPECTED				
2	11	08 Entering traffic lane				09 Top & windows	01	02	03	04	1	2	3	4	Driver No. 1			
					09 Leaving traffic lane	10 Undercarriage	04	05	06						Driver No. 2			
					11 Slowing or stopped in traffic	11 Total (all areas)	07	08	09						1			
					12 Other	12 Other	06	07	08						1			
					13 Unknown										1			

OFFICER NO. 1288	TROOP/ TEAM/ BEAT CE	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Chad Baehr		INVESTIGATOR SIGNATURE Approved by Officer Chad Baehr	DATE OF REPORT 06/18/2015